☐ Initial Application
☐ Amended Application
Date: 1-3-





C( TTEE TYPE (choose one):

70 0	
Candidate	Charle No and Handon District 2
Committee Name (required): (first or last name & office)	Elect Nancy Hayden, District 2
Candidate Information:	Candidate's Name (required): Nancy Hayden
	Candidate's mailing address (required): 19250 N. Mohave Sage Way Surpner
	Candidate's email address (required): hayden - wife & yohoo I com
	Candidate's phone number (required): (62-908-930)  Candidate's website (if any): hayden - wife a way of a com
Office Occupité (abanca analy	
Office Sought (choose one):	☐ Governor ☐ Secretary of State ☐ Attorney General ☐ State Treasurer ☐ Superintendent of Public Instruction ☐ State Mine Inspector ☐ Corporation Commissione
	☐ State Senate ☐ State House of Representatives ☐ District (required):
	□ County Office: □ □ District (if applicable): □ District
	☑ City/Town Office: Councilman □ District (if applicable):
Election Cycle for Office Sou	ght (year the election will take place) (required):
Party Affiliation: required for partisan offices)	Ø Democrat □ Green □ Libertarian □ Republican □ Other:
if sponsored, must include sponsor's name)	
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures
select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures
Sponsorship Information:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's mailing address (required):
	Sponsor's email address (required):
	Sponsor's website (if any):
Special Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
if applicable)	☐ Standing Committee (must also complete separate standing committee registration)
	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
□ Political Partv	
□ Political Party  Committee Name (required):	
Committee Name (required):	
Committee Name (required): must include party affiliation	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
☐ Political Party  Committee Name (required): (must include party affiliation Jurisdiction:	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
Committee Name (required): must include party affiliation	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)

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COMMITTEE ID NUMBER (office use only)

122

Candidate's signature (if applicable):

	(a) ( ) ( ) ma = =
Contact Information:	Committee's mailing address (required): 19250 N. Michael Uge Way Surprise A2 953
	Committee's email address (required): hayden_wife @ yahoolcom
	Committee's phone number (if any): 602-908-930 /
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): Naney T. Hayden
	Chairperson's physical address (required): 19250 N. Mohave Significant State 19250 No.
	Chairperson's mailing address (if different): 19350 N. Mohave Sage Way Surpre 42 85 38 7
	Chairperson's email address (required): hayden-wife a yahoo.com
	Chairperson's phone number (required): 662-908-930/
	Chairperson's employer (required):
	Chairperson's occupation (required): PEYIRO
Treasurer's Information:	Treasurer's name (required): Manage V. Hayden
	Treasurer's physical address (required): 19350 N. No have Sage Way, Surprise, AZ 85387
	Treasurer's mailing address (if different): 19350 N. Mulaue Sage Way Steppie, HZ 8538 1
	Treasurer's email address (required): haydes—wife & gahoo.com
	Treasurer's phone number (required): 602 - 908 - 930 10
	Treasurer's employer (required):
	Treasurer's occupation (required): INFINE
Bank or Financial Institution:	Bank name (required): Wells Fargo
(do not list acct numbers)	Additional bank name (ifapplicable):
	Additional bank name (if applicable):
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ATION AND SIGNATURES:	
I design under penalty of per	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as
chairnerson or treasurer of th	e committee named herein, if applicable: (2) designate the above-named committee as my official candidate
campaign finance and reporti	receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S.
§§ 16-901 to 16-938; and (5)	agree to accept all notifications and legal service of process for campaign finance purposes via the email
address(es) provided herein.	
Chairperson's signature:	Maxey Haydy Date: 1/3/2018
Chairperson a signature.	
Treasurer's signature:	Date: 1/3/2018